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| SERIAL NUMBER<br>10/086,620 | FILING DATE<br>02/28/2002<br><br>RULE | CLASS<br>345 | GROUP ART UNIT<br>2671 | ATTORNEY<br>DOCKET NO.<br>1027.2.1 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *N/A* *kn*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A* *kn*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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|  |  |                           |                         |                       |                            |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>kn</i> Initials <i>kn</i> | STATE OR<br>COUNTRY<br>UT | SHEETS<br>DRAWING<br>24 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|

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## TITLE

Recursive ray casting method and apparatus

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>406 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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